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HARVARD MEDICAL ALUMNI BULLETIN

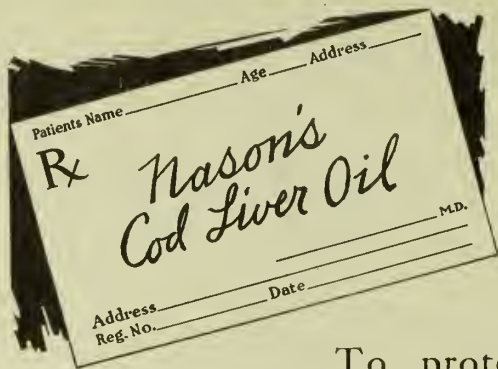
THE SCHOOL OF
PUBLIC HEALTH
AFRICAN REMINISCENCES



June, 1933

Annual Meeting Hotel Statler, Tuesday
June 6, 12:30 Luncheon

See page 73



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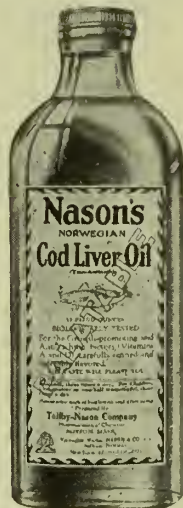
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By Mark F. Boyd

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Professor James Bryant Conant

The School of Public Health, 1922-1933

By Cecil K. Drinker, M.D.

THE Harvard School of Public Health was the result of a gift from the Rockefeller Foundation, coupled with other funds which had been given to the University for the development of industrial hygiene, preventive medicine, and allied subjects. When the School was planned, a matter of general policy confronted the administration: should the School of Public Health be made an entirely separate organization, as is largely the case in Baltimore, or should it possess a few separate, indispensable departments and in most of its branches interdigitate with the Medical School? In the opinion of those entrusted with the development of the School the latter policy seemed wisest, and upon this basis the School has been developed.

In 1922, when the School first admitted students, one of the problems most important for public health consisted in giving the medical students a fair idea of the field. It was felt this could be attained most successfully by carrying on as much of the work of the Health School as possible in the medical laboratories, under men especially designated for the purpose. In Bacteriology, Parasitology, Preventive Medicine and Hygiene, and Pediatrics, the School of Public Health has added to the budgets of the Medical School departments, and this not only has increased facilities for work in these departments but has given opportunity for certain of the medical students to enter public health as a career and to enter it with some knowledge of the field. The Health School has also been able to assist in the development of the Library and, in minor ways, to facili-

tate work in many special departments of the Medical School.

The number of students trained for public health in the country is greater than one might imagine. Since 1911 seven hundred and seven degrees in public health have been conferred by the Schools of Public Health at Harvard, Johns Hopkins, and Toronto. Of this number, one third have been given to foreign students. At the outset a large percentage of the students who came to our Health School were sent by the Rockefeller Foundation, principally from Central Europe. This group has diminished steadily within the past three years. At the present time our students are usually sent with fellowship help by the Rockefeller Foundation from State Boards of Health, County Health Units, *et cetera*, throughout the United States. They are men who have had practical experience in public health and who have been given leaves of absence for post-graduate work. There is an increased feeling throughout the country, and bills are beginning to be introduced in State Legislatures, requiring the employment of health officers who possess a degree in public health as well as in medicine. This fact, coupled with the steady freeing of health departments from absolute political control, has begun to give us a profession of public health. In England they have had such a profession for many years, but with us public health work has ordinarily been done by physicians chosen for political reasons and without the special training required by present knowledge.

A student coming to the Harvard School

of Public Health from, for example, a health unit in one of the southern states, usually stays through one academic year and, in the main, such men become candidates for the Master of Public Health degree. They are required to undergo a thorough review in Bacteriology and Immunology, to take an extensive course in Vital Statistics, and a similar one in Sanitary Engineering. They are given a general review of the principles involved in Public Health Administration and Epidemiology. In addition to these fundamental courses, they specialize in various directions. Some of them give their time to Child Hygiene under Dr. Richard M. Smith and Dr. Harold C. Stuart, in close coöperation with the Department of Pediatrics. Others major in Industrial Hygiene, and still others in the manufacture and dispensation of biologic products such as sera, vaccine, *et cetera*. In special cases, where men have shown real aptitude, permission is given to continue for a second year in order to obtain the Doctor of Public Health degree.

The difficulty with the whole problem of public health education is not in finding a number of students who would like to obtain this training and go into public health, but to find some way in which it is possible for them to do it. When a man leaves the medical school he spends a number of years in a hospital, and while he earns nothing during this period, he is free from expense. A year in a school of public health is similar, in its significance for the prospective health officer, to the internship in a hospital; but there is the formidable difference that the individual wishing training in public health must incur a substantial degree of expense, not only tuition to the school but living expenses as well. In the end it seems probable that the solution will come from two sorts of assistance. First, selected students in the medical school will be given opportunity, during their fourth year, to take courses in public health which will form a foundation for graduate work and, second, health

departments throughout the country, and social agencies of various sorts, will give fellowship assistance to men who have shown special qualifications for public health careers.

In addition to the group of students who are candidates for degrees, about an equal number are received each year for a short period of special training. In this group many come to take work in Industrial Hygiene, particularly in relation to ventilation, control of dust hazards, poisoning from fumes, and kindred topics. During the past three years we have had twelve naval medical officers assigned to us for special work in connection with problems in diving and in physiological problems concerned with difficult types of flying.

The research activities of the School have been reasonably prominent and have included interesting relations with the Medical School. In my own experience, no year has passed when, side by side with attention to problems concerned with poisoning by lead, nickel, chromium, and many other substances—problems essentially of preventive medicine and hygiene—I have failed to have men from the Department of Surgery in the Medical School working on subjects which have arisen, in many cases, out of contact with field experience in public health. At the present time, for example, with members of the Surgical Department, we are concerned with problems of elephantiasis developing out of experimentally induced obstruction of the lymphatics. Our impulse to enter this question arose out of observations on the pathogenesis of lung fibrosis induced by inhaling silicious dusts. It becomes increasingly certain in my mind that the novelty of point of view, induced by an immersion in public health problems, may be surprisingly useful to many of the departments in the Medical School which have been solely concerned with the care of the individual.

The enrollment of our students during the first ten years of the School has averaged thirty. It increases persistently and

will certainly overtax our facilities, particularly for practical work, during the next ten years. Whether or not we believe in all of the social trends now operating in medicine, it is certain that the University

is in a better position to deal with them through the possession of a School devoted to the interest of preventive medicine and public health and operated in close coöperation with the Medical School.

African Reminiscences

By George M. Saunders, M.D., '25.

(Continued from the April issue)

HERE, at last, was Cape Palmas, a low promontory with a clutter of thatched houses, a few large stone ones and the inevitable intervening surf. Again in the mammy-chair and over the side, I was taken through the surf to a dilapidated pier, where I stepped ashore to be met by the manager of the Cavalla Plantation.

Harper, Cape Palmas, which was to be my only contact with the outside world for many months to come, was a small edition of Monrovia. The town, of several thousand inhabitants, tumbled along the shore of the cape and the bay in a litter of mud and thatch, crumbling stone ruins and propped-up board shanties, with here and there a vast corrugated iron warehouse; and looked oddly exotic with its soaring palms and flowering bougainvillea. The unpaved streets, criss-crossing one another in a semblance of order, were thronged with half-clad natives selling shrimps, peanuts, beans, rice; with sombrely garbed, dignified, Americo-Liberians on their way to another meeting, perhaps, to pass more resolutions; with goats, pigs, dogs and naked children. We passed through all this on our way to the other of the two roads in Liberia, the road to the plantation which led inland for twenty miles through the jungle.

The plantation proved to be another vast, rolling plain of slender young rubber trees, hewn out of primitive forests which pressed in on all sides. There was again the scattering of bungalows at the Center

Site, the store, machine shop and hospital.

I was taken to my bungalow, a screened, four-room affair, standing about six feet from the ground on concrete pillars. Servants had to be hired, the house cleaned out and my few belongings moved in. Nimla, a Bassa boy, was taken on as cook; Sammy, a Grebo, as steward; and Togo, another Grebo, as "small boy". Their total wages amounted to about three pounds a month. In a few days my little establishment was running about as smoothly as one ever hopes for in a West African household.

The manager explained to me the situation at the Cavalla Group as we drove out from Cape Palmas. Doctor Bouie had been picked up by the Company to fill in as plantation physician until I arrived to replace the one who had left a month before. The radio operator and his wife were over their acute illness, were up and around, but looking rather seedy. There were few other whites left: two planters, an accountant and his wife, and the German who ran the plantation trading company. This handful of whites made up the small, isolated community of which I became a member.

I found Doctor Bouie in the hospital that first day and was warmly greeted in a mixture of French, German, Italian, and Pidgin-English. He was tall, angular, clad in a badly stained khaki shirt and shorts, with sneakers below, and an old, badly battered felt hat above. His face too, was angular, with a long sharp nose,

a clean-shaven, strong chin, and a pair of keen, wide-awake, light blue eyes. I came to know him well in the following months, to respect his intellect, to be amazed constantly at the inconsistencies of his character. Here, in a little-known corner of West Africa, was a man about forty, who had trained in the best surgical clinics on the Continent, who had run a rehabilitation hospital during the War, who had undoubted surgical skill and judgment, yet who seemed to prefer to live in a native house in the jungle with a native wife and to slink through the bush on sneakers at night with his headlight and rifle looking for "ze big meat, zere up in ze big bush". He had become a Jack-of-all-trades here in the wilderness. He had a rice and cassava farm; he worked at repairing the few rattly, broken-down motor cars in the district; he had an "office" in Harper where he occasionally saw patients; he received a retainer fee for looking after the health of the few Europeans in Harper, but he was usually up in the "big bush" when wanted; he had three or four dugout canoes with outboard motors which he used on the Cavalla River, the boundary between French Africa and Liberia. Yet for all his "going bush" and "going native" he had not grown soft. He worked hard at his hunting, repairing cars and transporting bags of cocoa and rice. He drank and smoked hardly at all and was keenly interested in all the jungle life around him. I learned very little of his previous life, but enough to know that an unfaithful and extravagant wife who had left him in financial ruin for one of her lovers, had caused him to give ear to that small disquieting voice of "wanderlust" which is stilled in most of us, and to leave his two children with his old mother in Switzerland and begin his wanderings. He had been four years in Liberia when I knew him. Such then, was my immediate predecessor, who seemed only too glad to turn over the hospital to me, to go back to his hunting and transporting.

The hospital, which was to be my do-

main, was really a group of small buildings. There was the main building, a rectangular wooden structure raised on piles, partially screened, with a large ward to accommodate about sixteen male patients, and a small ward for five female patients. One end was used for a dispensary, treatment, and examination room. In a corner of the dispensary was a wire-screened enclosure, about eight feet square, the "operating theatre". There was one small building which I used as a drug storeroom, in which was kept the steam sterilizer, heated by primus stoves when needed. Another small building with four beds in it was used as an isolation ward. Behind the main building were the usual outbuildings for stores and cook house.

My staff, who were all primitive, native West Africans speaking but little English, consisted of a dispenser, whom I trained to measure out drugs, to sterilize instruments and to assist at operations; two dressers to help in the dispensary; two porters or ward men, to give general care to the ward patients; a cook; and the ubiquitous "small boy" to do chores for the others.

I was agreeably surprised at the equipment, for there was a rather complete set of surgical instruments, including those for urological work and for eye work, and a fairly complete supply of drugs. I found, however, that there was a sadly inadequate quantity of some drugs and a great amount of others of which I had never heard and of whose uses I had not the vaguest idea.

At first my work began by seeing plantation laborers and their relatives who were ill, but eventually I was caring for as many of the sick of that corner of Africa as could come by canoe or on foot, some a many days' journey from the hinterland, others from adjacent parts of the French Ivory Coast. For although the hospital and dispensary were primarily for the plantation force, the Company gladly gave free treatment to any others who might come, to keep the good will of the natives. I began seeing one or two hundred dis-



Landing Car at Pata

pensary patients a month, and by the time I left, many months later, my dispensary attendance had increased to about fifteen hundred visits a month, and there were about five major operations performed a week, with more than twice as many minor ones. And major surgery at the Cavalla Group was really major surgery under the most trying circumstances!

At first the natives were not used to white man's medicine, especially surgery, preferring to visit the witch doctors to have their private devils cast out by charms and incantations. Some came to me at first out of curiosity and I was fortunate in that my medicine seemed to be stronger than the witch doctor's; and so others came. One of my first patients was a chief of a nearby tribe who was blind and who had a large scrotal hernia. I found that he had bilateral cataract and persuaded him to try some of my "medicine". Although I had never so much as seen a cataract extraction done, I realized that the old man would probably be made no worse if an

attempted extraction failed. I studied the pictures in May's textbook, sharpened my keratome and went to work. It surprised me how easily that first lens popped out, how easily the iris was replaced, and in spite of the fact that many more extractions were done, that first one was fortunately the easiest. I operated on only one eye, put the chief to bed carefully bandaged, held my breath for four days, then let him sit up. He could see! He did not have good sight, of course, but a blurred outline of things could be distinguished. From then on my reputation was made, in his tribe at least, as one possessed of supernatural powers, and the sick came in hordes to be made well. Thereafter, if they lived or died, it was "God-palaver" and no fault of mine. Incidentally, a few days later the old chief was glad to have his hernia repaired.

The amount of sickness in the vicinity, I found to be almost unbelievable. There were most of the usual tropical things and a host of others besides. Practically all the

natives had malaria, the sub-tertian form being the preponderant type, and probably this accounted for a large proportion of the tremendous infant mortality which, from a rough survey, was estimated at nearly fifty per cent. during the first year of life. They all had yaws sooner or later. Many had rectal and vesical schistosomiasis. Nearly all had hookworm. Elephantiasis of scrotum, legs, breast and vulva was very common. Many had herniae, often large scrotal ones, and perhaps as many as five per cent. of them had umbilical herniae. This was probably due to the habit of applying a poultice of mud, leaves and dung to the cut umbilical cord, leading to a cellulitis and weakening of the ring. Fibroids were very frequent, and effects of birth injuries were often seen, such as vesicovaginal and rectovaginal fistulae, and extreme perineal tears. Strictures and urinary fistulae in males were often seen, for the gonococcus was widely disseminated in certain parts of the neighborhood. Persons with great, sloughing, tropical ulcers came by the hundreds for dressings. I had a group of about fifty lepers who came into the dispensary once a week for treatment.

Mornings I spent seeing dispensary patients. They represented the maimed, the halt and the blind of that part of Africa. They lined up each morning and waited to be called. An old wreck with osteomyelitis, wasted away to a twisted rack of bones with many contractures, was carried to the clinic from miles back in the bush, on a litter hung from poles. There was nothing that could be done about this type of patient, for I could not fill up my few beds with chronic cases. Some bromides or quinine or aspirin were given together with a little encouragement and advice and the patient sent away. People with large hernial hydroceles, elephantiasis, cataracts, came from miles away, and haunted the neighborhood for weeks, patiently waiting until their turn should come to be admitted. Because of lack of space and time many never were cared for. I soon found

that I had to set aside certain days for certain complaints, for the sake of efficiency. Thus, one morning a week was scheduled for yaws cases and another for lepers, and I had a weekly attendance of perhaps one hundred cases of yaws and half as many of leprosy. The patients lined up for injections and I passed down the line with a supply of loaded syringes, injecting one patient after another.

The afternoons were reserved for surgery. It was physically impossible to do more than one major operation on any one day because of the many details of sterilizing instruments and dry goods which had to be seen to personally. Either local or spinal anesthesia had to be used. There was no one besides myself who could give an anesthetic, and of course I could not give an inhalation anesthesia and operate, even though there had been an adequate supply of ether, which there was not. Local novocaine anesthesia was used only for minor procedures, spinal being reserved for the more extensive ones. The supply of novocaine ampules, too, was soon exhausted and I had to sterilize weighed amounts of novocaine crystals in small bottles to use as a substitute. What with giving my own anesthesia, the intense, dripping heat and the ineptness of my native assistant, a laparotomy was no mean task there in Africa! Yet a great variety of things were done. A mucocele of the frontal sinus which had eroded through the orbital plate and was displacing the eye, had to be curetted out and drained through the nose. Tuberculous neck glands were dissected out under spinal anesthesia. Breasts were amputated for elephantiasis. Huge scrotal and umbilical herniae were repaired. Hysterectomies for fibroids were done, one uterus weighing nine pounds after removal. Several spleens were removed, the largest weighing six pounds. Occasionally too much was attempted with a resulting fatality, but the mortality on the whole was not great, thanks perhaps to the natives' seeming resistance to pyogenic infections.

The days passed quickly with but little to interrupt the usual routine except for an occasional trip to nearby native villages, or for the arrival of a "fresh chop" ship off Cape Palmas about once a month, when real butter, fruit or fresh meat could be purchased to vary the monotony of a chicken and rice diet. Occasionally it was very lonely when the early tropical darkness had closed in and I would have to spend long evenings trying to read by an oil lamp, fighting off hordes of crawling and flying insects. And when the moon was bright it was uncanny to sit alone and hear the wailing chant of the natives, and the insistent throbbing of tom-toms, that came drifting over the jungle.

One day "Doc" Bouie appeared at the hospital in his decrepit car. He had had word of an outbreak of sleeping-sickness a few days' march back in the hinterland. We decided to go to investigate, packed camp beds and a few simple supplies, and next morning found us chugging up the broad Cavalla River in two huge dugout canoes, an outboard motor fastened behind. All day under the broiling sun we kept upstream, once sighting a hippopotamus, seeing here and there a wild goat at the river bank. We stopped about dusk on the French side of the river where the only white man for miles around kept a lonely outpost of French civilization. We dined with him on bush-goat and rice, native-made bread and a bottle of real, old French wine served to us by his almost naked black wife. Then on again up the now dark river, through the "devil water", a nasty stretch of rapids, rocks and whirlpools, to Webbo, which we reached late at night. Webbo was a small village with a few trading companies. A young German, the only white man in the place, put us up for the night. The next two days we walked through jungle trails, our porters strung out behind us. We began to come to villages which had never before seen a white man, and there was difficulty getting through, because through sheer curiosity, the natives wanted us to stay just

a little longer. At the end of two days we came to Sweke-Tuobo, the end of our journey, since it was from this district that runners had brought reports of the sleeping-sickness. We inspected all the sick in the village and vicinity but saw nothing which seemed to be sleeping-sickness. So back to the river and home we went, to arrive at the plantation, weary, sticky and thirsty.

About a month later, it was decided that I was to leave Africa. That decision made, although I had been fascinated by every moment of my stay, I could not get away soon enough to iced drinks and good food and a cool bed on a ship. For a month there was no ship calling at Cape Palmas, but there was a French steamer putting in at Tabou on the Ivory Coast in a few days. Tabou could be reached by going "cross-lots", down the river and then overland. A runner was sent to "Doc" Bouie. He would be glad to take me to Tabou. My luggage was packed again. "Doc" arrived and we drove to the Cavalla River in his old car, tied three dugouts together, put a platform of boards over them, pushed the car up onto the platform and went gayly chugging downstream to Pata, an outpost on the French side. From Pata a very rough road, used only by pedestrians, as there were no four-wheeled vehicles in that part of the Colony, led straight to Tabou.

We spent that night in Tabou and the next morning I said goodbye for the last time to "Doc", as he turned back to Cavalla. My bags and trunks were carried to the beach. There, offshore, lay the "Forea", bound for Marseilles. There was another surf-boat ride—and the West Coast, the old Guinea Coast, was left behind, a haunting, luring memory.

ANNUAL MEETING AND LUNCHEON

The Annual Meeting of the Harvard Medical Alumni Association will be held on Tuesday, June 6th at 12:30 P. M., in the Georgian Room of the Hotel Statler. A buffet luncheon will be served, \$.85.

List of Hospital Interneships, Class of 1933

HOSPITAL	NAME	SERVICE	DATES	
Adams, D. S.	Boston City	2nd Surgical	Mar. '34	Mar. '36
Adams, R.	Massachusetts General	Surgical	July '33	Aug. '35
Alper, J. M.	Massachusetts General	Medical	Oct. '33	May '35
Ames, F. D.	Children's, Boston	Surgical	Apr. '33	Jan. '35
Babey, A. M.	Bellevue (N. Y.) 4th Div.	Rotating	July '33	Jan. '35
Bailey, G. G., Jr.	St. Luke's, New Bedford	Rotating	July '33	July '34
Beaman, G. B., Jr.	Lowell General, Lowell	Rotating	July '33	July '34
Benjamin, L. B.	Newton, Newton (Mass.)	Rotating	July '33	July '34
Betts, R. H.	R. I. General, Providence	Rotating	Apr. '34	Apr. '36
Boone, J. A., Jr.	Massachusetts General	Pediatric	July '33	Apr. '34
Brown, K. A.	{ Boston City	Pediatric	June '33	Mar. '34
	{ St. Elizabeth's, Brighton	Rotating	Apr. '34	Dec. '35
Brown, R. L.	Strong Memorial, Rochester	Surgical	July '33	July '34
Bushnell, L. F.	Evanston, Evanston	Rotating	Oct. '33	Oct. '34
Campbell, J. L.	Springfield, Springfield, (Mass.)	Rotating	Jan. '34	July '35
Cannon, B.	Barnes, St. Louis	Surgical	July '33	July '34
Carter, M. L.	Children's, Boston	Surgical	Oct. '33	Jan. '35
Christman, H. E.	Henry Ford, Detroit	Rotating	Sept. '33	Sept. '34
Cogswell, L. P.	St. Luke's, New York	Medical	Jan. '34	Jan. '36
Cohen, A. C.	Conemaugh Valley Memorial	Rotating	July '33	July '34
	Johnstown, Pa.			
Comeau, W. J., Jr.	{ Boston Sanatorium, Mattapan		June '33	Nov. '33
	{ Boston City	2nd Medical	Apr. '34	Oct. '35
Corbus, B. C.	Faulkner, Jamaica Plain	Medical	June '33	June '34
Cozzolino, E. N.	Grace, New Haven	Rotating	July '33	
Crile, G. H.	Barnes, St. Louis	Surgical	July '33	July '34
Crumay, H. M.	Pittsburgh Medical Centre	Rotating	July '33	July '34
Degen, J. A., Jr.	Bellevue (N. Y.) Cornell Div.	Medical	Jan. '34	Jan. '36
Dexter, S. O., Jr.	Boston Sanatorium, Mattapan		Nov. '33	Apr. '34
	Boston City	4th Medical	Apr. '34	Oct. '35
Doak, A. D.	Duke Univ., Durham, N. C.	Medical	July '33	July '34
Dockweiler, R. R.	San Francisco, San Francisco	Rotating	July '33	July '34
Dunham, C. E.	Maine General, Portland	Rotating	July '33	July '34
Dunphy, J. E.	Peter Bent Brigham	Pathological	July '33	July '34
D'Urso, J.	St. Agnes, Philadelphia	Rotating	July '33	July '34
Earl, J. R.	Bellevue (N. Y.) 1st Div.	Surgical	July '33	July '35
Emerson, K., Jr.	Presbyterian, New York	Medical	Oct. '33	Oct. '35
Farnsworth, D. L.	Massachusetts General	Medical	July '33	Feb. '35
Ferguson, C. F.	Boston City	Pediatric	Aug. '33	July '34
	{ Boston Sanatorium, Mattapan		Apr. '33	July '33
Fowler, W. O.	{ Robert Packer, Sayre (Pa.)	Rotating	Jan. '34	Jan. '35
Frackle, C. S., Jr.	Pennsylvania, Philadelphia	Rotating	Dec. '33	Dec. '35
Gale, S.	Sinai, Baltimore	Surgical	July '33	July '34
Garber, J. Y.	Beverly, Beverly (Mass.)	Rotating	Sept. '33	Sept. '34
Greene, J. E.	Boston City	2nd Medical	July '33	Jan. '35
Gullord, E. G.	Mountainside, Montclair, N. J.	Rotating	Jan. '34	July '36
Hamilton, J. R.	Fifth Avenue, New York	Surgical	Apr. '34	July '35
Hamlin, E., Jr.	Massachusetts General	Surgical	Jan. '34	Feb. '36
Hazen, D. R.	Hartford, Hartford	Rotating	Jan. '34	July '35
Heyl, H. L.	Johns Hopkins, Baltimore	Medical	July '33	July '34
Hill, L. W.	St. Luke's, New Bedford	Rotating	July '33	July '34
Hill, W. R., Jr.	Worcester City, Worcester	Rotating	Nov. '33	Nov. '35
Holleman, J. H.	Boston City	4th Surgical	Mar. '34	Mar. '36
Hopkins, S. W.	Massachusetts General	Surgical	Apr. '34	May '36
Hosterman, O. W.	Children's, Buffalo	Pediatric	July '33	July '34
Huggins, V. S.	University, Ann Arbor	Surgical	July '33	July '35

Hunter, M. R.	Harborview, Seattle	Rotating	July '34	Jan. '35
Hyder, P. L.	{ Boston Sanatorium, Mattapan		Nov. '33	Mar. '34
	{ Peter Bent Brigham	Surgical	Mar. '34	July '35
Ingalls, T. H.	Peter Bent Brigham	Medical	Feb. '34	June '35
Ingraham, H. S.	U. S. Public Health Service	Rotating	July '33	July '34
Jackson, H. C.	Peter Bent Brigham	Medical	June '33	Nov. '34
Jonas, A. F.	Johns Hopkins, Baltimore	Surgical	Sept. '33	Sept. '34
Kennedy, J. W., Jr.	U. S. Public Health Service	Rotating	July '33	July '34
Kind, H. A.	St. Luke's, New Bedford	Rotating	July '33	July '34
Kundert, P. R.	Wis. State General, Madison	Rotating	July '33	July '34
Lewis, J.	Massachusetts General	Medical	Jan. '34	Aug. '35
Lichty, J. S.	Mercy, Pittsburgh	Rotating	July '33	July '34
Lium, R.	Massachusetts General	Surgical	Oct. '33	Oct. '35
Low, M. B.	Children's, Boston	Surgical	July '33	Oct. '34
Lynch, G. W.	Peter Bent Brigham	Medical	Oct. '33	Mar. '35
Lynn, W. F.	Menorah, Kansas City (Mo.)	Rotating	July '33	July '34
Mack, J. R.	Cincinnati General, Cincinnati	Rotating	July '33	July '34
Martin, J. W., Jr.	Presbyterian, New York	Medical	Feb. '34	Feb. '36
Mather, R. W.	Los Angeles County General	Rotating	Jan. '34	Jan. '35
McKean, G. T.	Boston City	4th Medical	July '33	Jan. '35
McKelvey, G. M.	Lakeside, Cleveland	Surgical	Mar. '34	June '35
McNamara, F. J.	Boston City	4th Surgical	Nov. '33	Nov. '35
Medoff, E. B.	R. I. General, Providence	Rotating	Jan. '34	Jan. '36
Miller, B. F.	New York, New York	Medical	Sept. '33	Sept. '34
Murphey, F.	U. of Chicago Clinics	Surgical	Jan. '34	Jan. '35
Nash, N. C.	Henry Ford, Detroit	Rotating	Sept. '33	Sept. '34
Nichols, H. G.	Faulkner, Jamaica Plain	Surgical	June '33	June '34
Noyes, M. B.	Latter Day Saints, Salt Lake City	Rotating	July '33	July '34
Olson, K. B.	Boston City	Pathological		
Parnall, C. G., Jr.	U. of Mich., Ann Arbor	Surgical	July '33	July '35
Pitts, W. R.	L. I. College, Brooklyn	Surgical	July '33	July '34
Placak, J. C., Jr.	Massachusetts General	Surgical	Apr. '34	May '36
Prigot, A.	Beth Israel, Boston	Surgical	Nov. '33	July '35
Queen, W. F.	U. S. Public Health Service			
Quigley, T. B.	{ Willard Parker, New York	Pathological	July '33	Jan. '34
	{ Peter Bent Brigham	Surgical	Mar. '34	Aug. '35
Reiling, W. A.	Peter Bent Brigham	Surgical	July '33	Nov. '34
Ripley, H. S., Jr.	U. of Chicago Clinics	Medical	July '33	July '34
Rupp, C., Jr.	Bryn Mawr, Bryn Mawr (Pa.)	Rotating	July '33	July '34
St. Clair, W. H., Jr.	Pennsylvania, Philadelphia	Rotating	Sept. '33	Sept. '35
Sanford, H. S.	Geisinger Memorial, Danville (Pa.)	Rotating	July '33	July '34
Seely, H.	Peter Bent Brigham	Surgical	Oct. '33	Jan. '35
Settlage, A. F. E.	{ Children's, Boston	Pathological	Jan. '33	July '33
	{ Boston City	4th Medical	Oct. '33	Apr. '35
Sewall, K. W.	Massachusetts Memorial, Boston	Pathological	July '33	July '34
Sharber, T.	New York, New York	Surgical	Sept. '33	Sept. '34
Sheldon, J.	Henry Ford, Detroit	Surgical	Sept. '33	Sept. '34
Shepherd, K.	Roosevelt, New York	Surgical	July '33	
Simmons, F. A., Jr.	{ Women's Free, Boston	Gynaecological	Mar. '33	Sept. '33
	{ Massachusetts General	Surgical	Oct. '33	Nov. '35
Smith, H. D.	Highland, Oakland, Cal.	Rotating	July '33	July '34
Soley, M. H.	Massachusetts General	Medical	July '33	Jan. '35
Souders, C. R.	Philadelphia General, Philadelphia	Rotating	July '33	July '35
Staples, C.	Boston City	5th Surgical	Mar. '34	Mar. '36
Stewart, A. J.	Hartford, Hartford	Rotating	July '33	Jan. '35
Sullivan, D. J.	Boston City	1st Surgical	Nov. '33	Nov. '35
Thieme, E. T.	U. of Mich., Ann Arbor	Surgical	July '33	July '35
Thomas, R. L.	{ Massachusetts General	Neurosurgery	July '33	Jan. '34
	{ Massachusetts General	Surgical	Jan. '34	Feb. '36
Thompson, W. G.	Boston City	1st Surgical	Mar. '34	Mar. '36
Trees, C. B.	Western Pennsylvania, Pittsburgh	Rotating	July '33	July '34
Trommald, J. P.	Boston City	5th Surgical	Nov. '33	Nov. '35

Turtle, W. J.	Children's, Boston	Medical	July '33	
Underwood, F. J.	U. of Calif., San Francisco	Medical	June '33	June '34
Walzer, L.	Beth Israel, Boston	Medical		
Ward, J. L.	Massachusetts General	Medical	Jan. '34	Aug. '35
Warren, R. F.	L. I. College, Brooklyn	Medical	July '33	July '34
Weinstein, A.	Beth Israel, Boston	Medical	July '33	July '34
Welch, O. W.	Massachusetts General	Medical	Apr. '34	Nov. '35
Wheatley, G. M.	Hartford, Hartford	Rotating	Jan. '34	July '35
Wheeler, W. E.	{ Children's, Boston	Bacteriological	July '33	Apr. '34
	{ Massachusetts General	Pediatric	Apr. '34	Jan. '35
Whelan, C. S.	Boston City	5th Surgical	July '33	July '35
Wilkins, R. W.	Boston City	2nd Medical	Oct. '33	Apr. '35
Williams, S. L.	Montreal General, Montreal	Rotating	July '33	July '34
Wilson, R. O.	St. Luke's, New York	Surgical	Jan. '34	Jan. '36
Woodruff, H. W.	Ancker, St. Paul, Minn.	Rotating	July '33	July '34
Yandell, H. R.	Geisinger Memorial, Danville (Pa.)	Rotating	July '33	July '34
Youngman, R. A.	Roosevelt, New York	Medical	Jan. '34	Jan. '36
Zeller, J. W.	Massachusetts General	Medical	Oct. '33	May '35

OCTOBER 7th

An interesting ceremony occurred in Cambridge on this day one hundred and fifty years ago. For it was then that the Harvard Medical School was born and that John Warren and Benjamin Waterhouse were publicly inducted into the Professorships of Anatomy and Surgery and the Theory and Practice of Physic of the infant institution.

The events of the day began at about noon with a procession headed by the Undergraduates assembled in the Yard, from the steps of Harvard Hall—when the President welcomed various guests—to the Meeting House. Here the President delivered a short introductory oration, and upon leave being granted by the Overseers and Corporation, he declared Dr. Warren and Dr. Waterhouse Professors, and concluded with his good wishes for their usefulness. The new Professors delivered their inaugural orations. Two Psalms were sung, immediately after which the procession returned to Harvard in the same order in which it had moved thence.

October 7th, 1933, falls on Saturday. On that morning the medical undergraduates will assemble in the Yard in front of Harvard Hall to lead the President, certain guests and a procession of the Medical Alumni to the Meeting House (on this anniversary, Sanders Theatre). Here will be heard once again the inaugural orations of Professors Warren and Waterhouse, the Psalms that were sung one hundred

and fifty years ago, and good wishes for the future usefulness of the School.

As was stated in the last number of the BULLETIN, on Friday, October 6, there will be clinics at the various hospitals in the morning; scientific communications of various sorts at the Medical School in the afternoon; and addresses in the evening, following dinner at Vanderbilt Hall. It is hoped that the 150th birthday of the School will thus be fittingly celebrated. All graduates of the School are cordially urged to lay their plans to attend the exercises.

TWENTY-FIFTH REUNION

The Class of 1908 is planning to hold its 25th reunion on June 19 and 20. Forty-two men of the fifty-six now living have signified their intention to come, one from Texas, one from Kansas City and several from the Pacific Coast. The present plans call for a scientific meeting on the morning of June 19, to be followed by a luncheon to which the men will bring their wives. Later in the afternoon the men will go to Plymouth for that night and the following day, returning to Boston on the 20th for the Class Dinner. Entertainment will be provided for those wives who attend the reunion, including an evening at the Pops and luncheon at Marblehead.

The Class is raising a fund of \$1000 which will be given to the Medical School for a purpose to be decided upon later.

GEORGE GILBERT SMITH, *Secretary*.

ASSOCIATION OFFICERS

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Vernon Williams

EDITOR

James M. Faulkner

CONSULTING EDITOR

William B. Breed

BUSINESS MANAGER

Augustus Thorndike, Jr.

*Room 111, Harvard Medical School,
 Boston, Mass.*

our methods of dealing with them. From a broader point of view the choice of Professor Conant may have a more fundamental significance. Trite though the expression may be, we are living in an "age of science". It is of greater importance than ever before that the head of a large university should have a first-hand knowledge of the content, aims and methods of modern science. The nomination of a great chemist to the presidency of Harvard University is thoroughly appropriate.

OF INTEREST TO
MASSACHUSETTS ALUMNI

To the Editor:

The Commonwealth Fund of New York offers fellowships to general practitioners between the ages of thirty and fifty who have been in practice at least five years in a Massachusetts town of less than ten thousand population. This fellowship covers tuition for courses taken over a period of from one to four months and carries with it a monthly stipend of \$250.

Fellowships are still available for 1933, beginning the first of each month. The course of study as sponsored by the Commonwealth Fund of New York includes Medicine, Obstetrics and Pediatrics.

Applications for fellowships should be made directly to The Commonwealth Fund, 41 East 57th Street, New York City. Any questions in regard to the courses may be addressed to Dr. Frank R. Ober, Assistant Dean in charge of Courses for Graduates, 240 Longwood Avenue, Boston. Application blanks may be obtained from the Courses for Graduates.

LEROY E. PARKINS, M.D.

*Secretary to the Courses for Graduates
 under The Commonwealth Fund.*

A CORRECTION

Charles A. Noble, Jr., '29, has returned to the University of California Hospital after a short leave of absence.

A New
President.

The opening of the academic year 1933-34 will mark the 150th anniversary of the founding of the Harvard Medical School. This event will be celebrated next October. On this occasion we may well look back with pride to the growth in importance of the School, and to the contributions it has made to medical science since the days when Dr. John Warren first galloped his horse to Holden Chapel to give anatomical demonstrations.

A happy coincidence makes this anniversary a doubly significant one, and impels us to turn our attention from an honorable past to an auspicious future; for Harvard University will inaugurate a President who has made a great name for himself in the field of science. The selection of James Bryant Conant, Sheldon Emery Professor of Organic Chemistry, is a particularly fortunate choice from the point of view of the Medical School because the field in which he has performed such distinguished work is one of the fundamental bases of modern medicine. He will require no interpreter to understand our problems and

TREASURER'S REPORT

September 15, 1932 to May 15, 1933

The fiscal year of this Association corresponds to that of the school year, therefore a report given at this time is necessarily incomplete. Eight months have elapsed since the Annual Report of the Treasurer and the following figures merit attention.

To date, during the year 1932-33, 724 members have subscribed to the Association a total of \$2,276.00, making an average of \$3.14 per person. We thank all who have subscribed because their support indicates an interest in maintaining a Harvard Medical Alumni Association, and we hope to hear from many members during the summer.

Association expenses have been kept at a minimum this year. The BULLETIN has cost less to publish, despite the economies of last year; and we have reduced the cost of appeals for contributions. The Association is reducing its contribution to the expenses of Commencement fifty per cent. The Annual Luncheon will be self-supporting as the doctors attending will pay the actual cost of the luncheon.

The Association has continued its contributions toward the hospital expenses of needy students, aiding seven since September. It is also continuing the custom, inaugurated last year, of giving the members of the graduating class a dinner in June welcoming them into the Association.

ACTUAL RECEIPTS

1932-1933 Appeals	\$2,276.00
Advertising	568.75
Bank Interest	4.13
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	\$2,848.88

ACTUAL EXPENDITURES

Cost of BULLETIN (3 issues)	\$ 874.65
Cost of Appeals	102.57
Secretary's Wages (to date)	666.66
Bank Charges	.77
Incidentals	17.72
Student Sickness Support	302.87
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	\$1,965.24

Receipts to date	\$2,848.88
Expenditures to date	1,965.24

Surplus May 15, 1933	\$ 883.64
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ESTIMATED RECEIPTS

Advertising (contracts signed)	\$ 33.75
Appeals	60.00
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	\$ 93.75

ESTIMATED EXPENDITURES

Cost of BULLETIN (1 issue)	\$ 280.00
Secretary's Wages	333.34
Student Sickness Support	197.13
Commencement Fee	50.00
Dinner to 4th-Year Class	140.00
Advanced Work on Appeals	125.00
Bank Charges	.50
Incidentals	10.00
	<hr/>
	\$1,135.97

Estimated Expenditures	\$1,135.97
Estimated Receipts	93.75
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Estimated Deficit for Remainder of Year	\$1,042.22
Surplus May 15, 1933	883.64
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Estimated Deficit 1932-1933	\$ 158.58
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Respectfully submitted,
AUGUSTUS THORNDIKE, JR., M.D.
Treasurer.

PETER BENT BRIGHAM REUNION

The Peter Bent Brigham Hospital has established an interesting tradition. Every five years the Hospital holds a reunion of its family 'midst appropriate festivities. On May 4, 5 and 6 of this year was held the reunion to celebrate the Hospital's twentieth birthday.

The weather, fortunately, was fine. And even though times are bad, members of the Brigham family from far and wide managed to reach Boston via train, Ford or aeroplane. Four hundred and twenty-eight nurses and doctors registered at the Hospital for the occasion. They might have been seen during the three days, almost anywhere in the Hospital grounds, looking things over, each person duly labeled with a large white name-tag worn near the upper left breast pocket.

The program of events was both professional and social. For the professional-

mind there was a program of ten-minute papers each day by doctors in the main amphitheatre of the Hospital, and one afternoon's program in the small out-patient amphitheatre where nurses spoke of their doings. For the more frivolous, there was a play on the first evening by the House Staff, and on the next night, a dance preceded by a banquet in Vanderbilt Hall; afternoon tea on the Hospital lawn, and lunch in the Hospital dining-room were served every day; perpetually, groups of nurses or doctors could be found hob-nobbing in out of the way corners.

The professional program was carried through without a hitch. Dr. Christian introduced an interval time-marker which rang loudly at the end of each ten-minute period. A few speakers got caught short by this machine in the middle of an impassioned oration and were forced to retire without sympathy; the majority beat the bell and were able to say what they had to say within the allotted time; all agreed that never before in the history of Medicine had an equally long program of scientific papers gone so smoothly.

The program offered a remarkably varied bill of fare, demonstrating what manifold interests are now at hand in medicine for a person with proper training. Sixty-eight papers were presented, including medicine, surgery, pathology, anatomy, radiology, physiology, pharmacology, biochemistry and even medical education. The manner of presentation of the various papers was excellent. Lantern slides were used abundantly as a means of illustrating data; there was time for a brief interpretation of the results recorded; and there was no chance for abstruse or useless argument. The readers were mainly teachers of medicine who knew how to be interesting. Those who came from a distance must have caused a warm glow in the hearts of Drs. Christian, Cushing and Wolbach, so well, evidently, were these disciples preaching the Gospel of Brigham in other parts of the land.

The play was a huge success. Without

malice, it made fun of certain of the well-known foibles and peculiarities of different members of the Hospital family. The dialogue was brisk, the acting excellent, the songs and dances were well and snappily executed, and the stage settings smartly improvised. There was sufficient thread and novelty to the plot to hold everyone's interest from beginning to end; nobody knew what to expect next, and the result was that the audience was convulsed throughout the performance.

On the second afternoon, in the main amphitheatre, while Dr. Frothingham was about to project the "Aspirations of a Senile Adventurer in a New Field," a large audience began to assemble. Finally, when the amphitheatre was full to overflowing and there was no longer standing-room, Miss Hall was made to appear. Her appearance was the signal for a great outburst of enthusiasm. Thereupon, to her complete surprise, Dr. Cutler, speaking for the assembled company, presented her with various appurtenances, affectionately engraved, to go with a Sheffield plate tea-tray which, it was known, migrated with her from England after the War but lacked certain necessary accessories. Miss Hall responded to Dr. Cutler's remarks gallantly and made everyone feel that henceforth tea in her quarters is a treat to be looked forward to more than ever.

In the evening there was a dinner in the Vanderbilt Hall Gymnasium. The room was decked with spring flowers, the head table was raised at one end of the room and the invited guests lent an air of distinction to the scene; the rest of the gymnasium floor was occupied by small tables where some three hundred Brighamites, all in best bib and tucker, were assembled to pay tribute to Dr. Christian and Dr. Cushing. Dr. Cutler made an excellent toastmaster. He opened the meeting with a congratulatory telegram from President Roosevelt in lieu of any apostolic blessing. There were speeches from Dr. Gilbert Horrax and Dr. Francis G. Blake as former House-Officers and from

Dr. Walter B. Cannon as a member of the Faculty; portraits, given by the Hospital Alumni, were unveiled, Mr. Charles P. Curtis, President of the Peter Bent Brigham Hospital, accepting for the Hospital the one of Dr. Cushing and President Lowell accepting for the Medical School the one of Dr. Christian; Dr. Cushing and Dr. Christian spoke feelingly about the Hospital and what working in it had meant to them. A dance at Longwood Towers ended the evening's festivities.

The reunion ended on the next afternoon. I think that all who came to it not only had a pleasant time but also went away with deeper and more lasting impressions, having learned at least three things from this reunion. The Spirit of a Hospital has a great deal to do with its reputation and ability to go forward successfully. The Training—if it be a good training—which a Hospital offers its house-officers and nurses, enables them to enter any field of medicine and to do their bit in widening the confines of medical knowledge. The Friendships which are made in a Hospital are lasting and bind like marriage "for better for worse, for richer for poorer, in sickness and in health, till death us do part."

REGINALD FITZ, M.D.

THE A. M. A. IN MILWAUKEE HARVARD DINNER, JUNE 14

There will be a Harvard Medical Alumni dinner during the meeting of the American Medical Association in Milwaukee, Wednesday evening, June 14th, at 6 o'clock, in the Hotel Pfister. John Huston, '23, 1302 Wells Bldg., Milwaukee, is in charge.

MEDAL TO HARVEY CUSHING

On May 3, the Boston Surgical Society awarded the Henry Jacob Bigelow Medal to Harvey Cushing, '95, for his "contributions to the advancement of surgery." This medal has been awarded but six times in the past eighteen years.

NECROLOGY

'63-64—MERRITT HENRY EDDY died at Middlebury, Vt., March 3, 1933.

'79—GUY HUBBARD GARDNER died at Concord, N. H., June 19, 1932.

'80—FREDERICK FOBES DOGGETT died at Boston, Mass., April 13, 1933.

'81—JOSEPH BOWDITCH GEROULD died at North Attleboro, Mass., March 28, 1933.

'83—DAVID ERASTUS BAKER died at Newtonville, Mass., April 9, 1933.

'84—OWEN COPP died at Seville, Spain, April 18, 1933.

'86—GEORGE HAMLIN WASHBURN died at Boston, Mass., March 28, 1933.

'90—WILLIAM PARSONS DERBY died at Saxonville, Mass., March 28, 1933.

'91—FREDERICK A. DAVIS died at Denver, Colo., March 27, 1933.

'92—ALBERT AUGUST died at Cambridge, Mass., March 7, 1933.

'94—ORVILLE EDSON JOHNSON died at Boston, Mass., March 16, 1933.

'96—HENRY ARNOLD COOKE died at Providence, R. I., March 17, 1933.

'94-96—BENJAMIN WHITNEY GLEASON died at Manchester, N. H., February 28, 1933.

'03—ARTHUR L. GROVER died at Reno, Nev., January 28, 1933.

'12—CLARENCE HUDSON RICHARDSON died at Brooklyn, N. Y., November 11, 1931.

'18—LEON CLIVE HAVENS died at Montgomery, Ala., March 19, 1933.

ALUMNI NOTES

'90—Leo M. Crafts, of Minneapolis, has been appointed a member of the new advisory council of *The Living Age*. He was chosen last year by the State Historical Society for a place in its "Gallery of Prominent Citizens of Minnesota."

'90—Frank B. Mallory, Professor of Pathology *emeritus* at the H. M. S., has been made an honorary member of the Pathological Society of Philadelphia.

'91—Lewis M. Walker is now located at the Veterans' Administration Hospital, Coatesville, Pennsylvania.

'96—Daniel F. Jones has been elected president of the American Surgical Association.

'97—Richard F. O'Neil is now located at 379 Beacon St., Boston.

'98—W. J. Collins has been awarded the Purple Heart, in the grade of Lt. Col. in France.

'02—Charles H. Keene, Professor of Hygiene at the University of Buffalo, is the author with

